

LISKEARD RURAL DISTRICT  
COUNCIL

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THE

ANNUAL REPORT

OF THE  
MEDICAL OFFICER OF HEALTH

For the Year 1952.

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P. J. FOX, M.B., B.Ch., B.O.A., D.P.H.



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**LISKEARD RURAL DISTRICT**  

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**OF THE**  
**MEDICAL OFFICER OF HEALTH**  
**For the Year 1952.**

**To the Chairman and Members of the Liskeard Rural District Council.**

Mr. Chairman, Ladies and Gentlemen,

In presenting my Annual Report for the year 1952 my first and most obvious duty is to comment on the general health of the population which resides in the six County Districts which make up Health Area No. 7. I should like to make it clear at the outset that much of what I have to say in this respect is based not on incontrovertible facts and figures, but on opinions and impressions I have formed while living, and working amongst the people of this part of Cornwall. The more obvious matters of being born, of dying, of contracting infectious disease can be measured with some degree of precision, and their impact upon the community can be compared with that of previous years or that of other communities in the same year. For matters of life and death our yardstick is reasonably effective but for assessing the relationship of health, or more often the lack of it, to normal day-to-day living, we are driven back to some extent on speculation and guesswork. We know from the heavy demands placed upon the National Health Service that there is a great deal of chronic ill-health, much of it vague in character, and based upon psychological disorders. These latter exist as one of the undesirable by-products of our modern civilisation, with its diverse anxieties, and its increased tempo of living, and there does not at present seem to be any obvious or easily available remedy. It would not however be reasonable to dismiss the problem on such a pessimistic note, without making some effort to solve it, but before doing so we must know more of its nature and extent. To collect this information is a task of very great magnitude, since the manifestations of chronic ill-health have an almost infinite variety and its roots may be tangled and deep in human experience. Nevertheless if any worthwhile advance is to be made in our endeavours to tackle this problem, we must somehow or other gain the knowledge which will enable us to plan the eradication of this type of disease in the same way in which we have disposed of those more obvious diseases which used to cause so much human suffering and loss of life.

From the figures which are available to me, and my personal impressions, it appears to me that the health of the community in South-East Cornwall was up to the average during 1952. The population of the Area showed a decrease of 497 as compared with 1951, the total estimated mid-year population being 53,520. The County Districts showing decreases were St. Germans Rural District, Torpoint Urban District, Liskeard Borough and Looe Urban whilst Liskeard Rural District and Saltash Borough showed small increases in population. The total numbers of births 742 shows a small increase over the 1951 figure and the birth rate shows a corresponding small increase.

The total number of deaths 709 shows a decrease as compared with the 1951 figure of 726, and the death rate is below the 1951 rate. The rates for maternal mortality, and infant mortality show small increases as compared with those of 1951, but the numbers are not large enough to allow of any useful deductions being drawn. As far as the principal well-defined causes of death are concerned heart disease again figures as the most prominent cause of death, with cancer as the next most common disease, followed by cerebral vascular lesions (stroke). In 1952 heart disease caused 39% of the total deaths a small reduction over the 1951 figure of 41%. On the other hand cancer as a cause of death has shown an absolute increase from 92 in 1951 to 102 in 1952, representing a relative increase from 12.6% to 14.4% of the total deaths. Figures for the Area and its constituent County Districts appear in more detail as Appendix 1 of this report. This year I have compiled an additional appendix—Appendix 2—which provides a more detailed analysis of the two most numerous causes of death—heart disease and cancer. In recent years the attention of the medical profession and the general public has been increasingly drawn to coronary disease as a frequent cause of sudden death, which strikes down men and women who have appeared to be healthy, and who in many instances were not aware that they suffered from heart disease. In coronary disease the blood vessels which supply the muscle of the heart itself become diseased as a result of which the blood supply to the heart muscle is interfered with and fails. This disease of the coronary arteries is part of the general pattern of disease which affects the arteries of the body from middle age onward, and comes under the popular description of “hardening of the arteries”. Certain features about coronary disease are difficult to understand and explain. It is for instance more common in those whose occupation involves mental strain and worry, and less common in those whose occupation involves physical exertion. It would therefore appear to be, like peptic ulcer, a disease brought about by the worry, stress and the increased tempo of modern civilized conditions. Much research work has been done and is being done to find out why man’s arteries, and particularly his coronary arteries, should degenerate, become diseased and fail long before his other tissues have worn out. Whilst certain facts are known, and certain deductions are possible there is at present no real answer to the problem of coronary disease which continues to take its tragic toll in sudden death. It can be seen from the figures in Appendix 2 that during 1952 coronary disease caused 30% of all deaths from heart disease in this Area.

In a world where many of the diseases which formerly caused early or untimely death have been greatly reduced in number, cancer stands out in sharper relief as a very potent cause of death. In this Area it was during 1952 second in the list of principal causes of death, accounting for 14% of all deaths during the year. Of the clearly defined cancers that affecting the stomach was numerically greatest, but the less well-defined cancers which appear in Appendix 2 under the head “various other cancers” were responsible for the greatest number of deaths. In recent years there has been a definite increase in the mortality from cancer. Some of the increase is real that is due to an actual increase in the incidence of cancer, whilst some of it is apparent,

that is due to better diagnosis and recognition of disease which previously went unrecognised.

Coincidental with this increase in cancer mortality the whole subject has been receiving greater attention from medical and scientific workers and a great deal of research has been and is being carried out into possible causes of cancer. If and when these causes are uncovered it is reasonable to hope and believe that effective remedies will be found, but up to the present the causes of cancer remain largely hidden. Not unnaturally the subject of cancer is one which interests the general public and one which tends to receive an increasing amount of publicity in the press and in periodicals. As to whether this publicity is a good thing it is difficult to say, and opinions are divided on the matter. It would perhaps be fair to say that the publication of bare statistics without comment or explanation would not be wise, tending to create an unreasoning fear of the disease. If the general public is to be informed about cancer, such information must be conveyed in the most careful and tactful manner, and even then, it may not be possible to avoid creating in some individuals a "cancerphobia" with all its attendant unhappiness. What we really want to get across to people is the fact that much cancer is curable if it is taken in hand in its early stages. Whether this can be done without causing undue alarm, and worry is something on which it is most difficult to form a reliable judgment. Probably nothing short of experimental cancer education campaigns would yield reliable information on the subject. As far as this Area is concerned there is perhaps some small comfort in the fact that over the past five years there has been no real increase in cancer mortality, and in the fact the figure for 1952 is slightly below the average annual figures for the period 1948-52.

In 1952 the incidence of notifiable infectious disease was low, the total of 234 cases being the lowest recorded in the five years 1948-52. The diseases which normally cause large fluctuations in yearly totals—measles and whooping cough—were not very active in 1952. Of the more serious infectious diseases there was one case of diphtheria in an unimmunised adult, one fatal case of encephalitis in a 12 year old boy, and two non-fatal cases of meningococcal meningitis in young children. In a year in which the incidence of poliomyelitis in England and Wales was above the average we were fortunate in having no cases of this disease in this Area. In connection with poliomyelitis it is encouraging to be able to report that as a result of intensive research work principally in America, the prospect of preparing a vaccine to prevent the onset of poliomyelitis is brighter. It is as yet much too early to say whether the solution to the control of poliomyelitis is in sight, but we have good hopes that it is not too far away. I am also glad to be able to report that a vaccine to protect against whooping cough was made available towards the end of the year. Although it may not have the spectacular success which attended the use of anti-diphtheritic vaccine we hope it may reduce the incidence and severity of whooping cough amongst children. Whilst on the subject of protective inoculation, may I add my voice to those who have warned of the danger of becoming careless or indifferent about having young children protected against diphtheria. Many young parents have hazy memories of

the disease, and because it seldom rears its ugly head in their midst, they may become confirmed in the belief that diphtheria has disappeared from the world and there is no need to have their children protected against it. It cannot be repeated too often or with too much emphasis, that unless the immunity of young children against diphtheria is maintained by timely immunisation this disease will again come amongst us to reap its tragic harvest of young lives.

Families, who by their asocial behaviour, leading as it does to the placing of uncommonly heavy demands on social services, are not inappropriately known as "problem families". The great majority of these families are characterized by mental subnormality, coupled with a fine disregard for the rules of life and conduct which govern our highly organised society. Of the parents the father is capable of low-grade or unskilled work only, and may often be irregularly employed or unemployed. The mother is usually a hopeless manager and housekeeper who soon gives up the unequal struggle against the filth and squalor which she and her family create all about them. A considerable part of the family income is spent on tobacco and alcohol, and the remainder is frittered away by poor domestic economy. When first encountered the state of the family may be ascribed to poor housing conditions, but a transfer to a better house with reasonable amenities make little difference to the mode of life of a true problem family. On the contrary the increased rent of such a house lays upon them an increased burden which most of them cannot or will not carry. Add to this the damage and delapidation they cause in the house, and the sense of resentment their presence engenders in their more normal neighbours, and it is not difficult to appreciate the reluctance of housing authorities to accept these families as tenants. It appears that if these families, and particularly the children are to be helped, and rehabilitated, something in the nature of a team of social workers is needed to go into the home, and there working with, and virtually becoming a part of the family to endeavour to raise the standard of life and conduct of the family to something approaching normality. Such teams or family service units have been formed and used in large urban communities and they appear to have achieved some success. Obviously they could not operate so effectively in a thinly populated area mainly rural in character, and it is therefore fortunate that in such areas problem families are not so numerous, nor have their members the same opportunities for indulging in serious crime or juvenile delinquency. As a matter of interest there are in this Area about 30 families who provide in greater or less degree some problem to our social workers which calls for frequent visiting, and much effort to improve and educate them to a better standard of life for themselves, and a better standard of behaviour towards the rest of the community. Progress can be and often is painfully slow, but we always hope for better things from the growing generation of these families, and here and there our hopes are rewarded. One thing beyond doubt is the necessity to continue helping even the worst and most hopeless of these families. To abandon them to their own devices is to add further to the numbers who batter and exploit the resources of modern society.

The welfare of old persons continued to cause some anxiety during 1952. Several cases of old persons living alone in squalid and insanitary conditions

came to my notice during the year. In some cases the old persons were persuaded to accept accommodation in a hospital or institution where they could be cared for, and in other cases assistance provided by relatives, home helps, and the district nurse enabled them to remain at home, where living under reasonable if not ideal conditions they were much happier. It has been said that in modern times old people are being left a great deal to fend for themselves as far as care and assistance from relatives is concerned. This is unfortunately true in many cases and is an inevitable result of the state of mind which the Welfare State creates in many people, in consequence of which they believe that the state is able and willing to take over their personal cares and responsibilities. On the other hand we must in justice take cognizance of the genuine difficulties which prevent many well-intentioned people from caring for their old relatives. One of these is the physical separation, sometimes by long distance, between old people and their kin. This is one of the results of easy travel and the tendency of younger people to move away from mainly rural areas to larger centres of population. Another difficulty encountered in these cases is the friction and dissension which results from the differing outlook of old people and their younger relatives, and here it must be admitted that some old persons can be extremely cantankerous, and make unreasonable demands on those who endeavour to care for them. I do not wish to over-emphasise or dwell unduly on these shortcomings and the difficulties they create, but I think it only right that they should be known. If all that one might wish to do for old people in the closing years of their lives is not always done, the blame cannot always be placed on those who may have tried to help. A great many old people are happy living alone, and manage very well with a little outside assistance. In some cases however the failing capacity, part mental, part physical, of old people to care for themselves manifests itself in the falling away of their living standards. Their houses become verminous and insanitary and they themselves become filthy in person and habits. They moreover suffer from malnutrition because of their inability to prepare proper meals for themselves, whilst their dependence of paraffin oil for heating and lighting creates a considerable danger of fire for themselves and their neighbours. Such are the pathetic cases of old persons which come to my notice, and in which I am forced to intervene to persuade them to accept outside help or to move into a hospital or institution where they will be cared for. Where persuasion fails I am empowered to bring the case before a Court of Summary Jurisdiction where if the Bench thinks fit an order for the removal of the old person may be made. I personally do not like this procedure, involving as it does the removal of the liberty of the subject, but as an official I should feel bound to make use of it if I should encounter a person who proved unreasonable about the conditions under which they lived. I am glad to say that during 1952 I had no reason to take any such case before the Bench, although in some cases I was driven very close to having to do so, and I feel that sooner or later the necessity for this course of action will arise.

The provision of adequate housing still continues to be of prime importance in promoting and advancing the health and happiness of this community. It is true that the very heavy demand of the years immediately after the war

has ceased, especially in the two Rural Districts in this Area, but in the Boroughs and Urban Districts the demand for rehousing continues to be heavy. In this Area, the relatively limited size of the building industry has restricted the amount of new building which can be undertaken but within these limitations all the District Councils concerned have done their best to satisfy existing demands.

As far as water supply was concerned the main development was the completion of the trunk main from St. Cleer to Polruan. This will put an end to the severe water shortage which in the past has made life in the summer months so uncomfortable in this popular holiday resort, and in addition will solve the water problem at some places along the line of the main, notably Dobwalls, where a start can now be made in providing some new houses. The next step in this comprehensive scheme would appear to be construction of intake works on the River Fowey, and the provision of a new main from these works to enlarged treatment works and storage reservoirs at St. Cleer. When this is done there should be ample pure water available to serve all the needs of the surrounding area for many years to come, and it will then be possible to consider extending piped water supplies to many villages, hamlets and farms which are badly in need of such supplies.

With the development of water supplies the need will soon arise for more satisfactory systems of sewage disposal. Because of the high cost of providing such systems progress must necessarily be slow, and in consequence the two Rural Districts, in which the principal demand for this service exists, have agreed on a scheme of priorities for the carrying out of this work. Other things being equal, places suffering the greatest nuisance from existing unsatisfactory methods of sewage disposal, are given the highest priority. This means that smaller villages and hamlets, where the extent of the nuisance is less will have to be patient and wait their turn, perhaps for some years, since the provision of proper facilities is at present a slow, and expensive matter. During the year 1952 the main active work on sewage disposal was at St. Cleer in the Liskeard Rural District, though much time, and thought was given to the preparation of schemes in the St. Germans and Liskeard Rural Districts.

I trust that the foregoing paragraphs will give some general idea of those aspects of Public Health work in this Health Area which have interested me and in some respects caused me concern during 1952. My general impression of the year is one in which the health of the community has been about average, and in which there have been no outstanding losses or gains, and I think we can rest reasonably content if not completely satisfied with this result. From a purely personal point of view the year was for me very satisfactory in the cordial relations which existed between members, and officers of District Councils and myself, and I should like to take this opportunity of thanking all those who have helped me and co-operated with me during the year 1952.

I have the honour to be,  
Mr. Chairman, Ladies and Gentlemen,  
Your obedient Servant,  
P. J. FOX,  
Medical Officer of Health.

**LISKEARD RURAL DISTRICT.**

Area of Rural District	.....	104,803 acres
Population (Registrar-Generals Estimate)	.....	14,120
Number of Inhabited Houses	.....	5,248
Rateable Value of Rural District	.....	£66,731
Sum Represented by Penny Rate	.....	£269

**Vital Statistics for 1952.**

		Male	Female	Total
Live Births	.....	89	100	189
Liskeard R.D. Health Area No. 7 England & Wales				
Birth rate per 1000 of population	15.53	13.86		15.30
		Male	Female	Total
Still Births	.....	2	2	4
Liskeard R.D. Health Area No. 7 England & Wales				
Stillbirth rate per 1000 of population	0.28	0.32		0.35
		Male	Female	Total
Deaths	.....	96	86	182
Liskeard R.D. Health Area No. 7 England & Wales				
Death rate per 1000 of population	9.93	13.25		11.30

**Deaths Attributed to Pregnancy, Childbirth and the Puerperal State.**

No deaths registered.

**Deaths of Infants Under One Year of Age.**

		Male	Female	Total
All causes	.....	4	2	6
Liskeard R.D. Health Area No. 7 England & Wales				
Infant Mortality rate per 100 live births	31.75	36.39		27.60

**Principal Causes of Death at all Ages.**

Heart disease	.....	.....	.....	95
Cerebral Vascular lesions ("stroke")	.....	.....	.....	16
Cancer (All sites)	.....	.....	.....	15
Respiratory disease	.....	.....	.....	13
Circulatory disease	.....	.....	.....	8
Genito-urinary disease	.....	.....	.....	4
Accidents	.....	.....	.....	4
Digestive disease	.....	.....	.....	3
Tuberculosis	.....	.....	.....	2

**Average Age at Death.**

Males	Females
69.02	71.60

These figures show that the health of the inhabitants in the Rural District was in most respects slightly better than that of the Health Area and of the country as a whole. The birth rate though not maintained at last years high level was slightly above the national rate. The death rate was below that of England and Wales and was the second lowest in the Health Area. For the second year in succession there were no maternal deaths. Infant mortality rate was only slightly above the national figure and was better than the overall rate for the Health Area.

Heart disease was again the largest single cause of death, causing just over 52% of all deaths registered. Cancer appeared to be a less prevalent cause of death in the Liskeard Rural District than in other districts in the Health Area causing only 8% of the deaths registered as against 14% in the whole Health Area. I can give no logical or reasonable explanation of this difference and it would not be wise to draw conclusions on the figures for a single year.

**Infectious Disease.** The total number of cases of infectious disease notified during the year—34 in all—was the lowest for several years. The most prevalent disease was measles of which there were 22 cases. There are no cases of serious infectious disease during the year, and no deaths were attributed to infectious disease.

The following are details of cases, and case rates of infectious disease in 1952 :—

**Case Rates per 1000 of population.**

Disease	Cases	Liskeard RD	Health Area No. 7.	England and Wales
Measles	22	1.56	1.96	8.86
Pneumonia	5	0.35	0.92	0.72
Whooping Cough	3	0.21	0.82	2.61
Food poisoning	1	0.07	0.13	0.13
Rheumatic Chorea	1	0.07	0.02	Not stated

**Area Rate per 1000 total births.**

Puerperal pyrexia	1	5.18	5.27	17.87
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**Case Rate per 1000 live births.**

Opthalmia neonatorum	1	5.29	0.04	Not stated
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**Tuberculosis.** During 1952 the number of cases of tuberculosis newly notified in the Rural District showed a very considerable increase over previous years. Of the 19 cases notified 16 were respiratory disease, and 3 were non-respiratory disease. Whilst there is no doubt that some of this increase was due to increased prevalence of the disease, a certain amount was due to the improved facilities for the recognition of the disease which followed the appointment of a new Chest Physician, Dr. J. C. Mellor, and a new whole-time tuberculosis Health Visitor, Miss Luxton. It will be noticed that 7 cases fell into age groups above 45 years, and it is possible that some if not all of these cases had suffered from the

disease for some time. It certainly would not be wise to draw pessimistic conclusions from these figures, since I hope and believe that they will not be maintained in 1953. In addition to the 19 new notifications received 7 other cases of tuberculosis were added to the Register during the year. The majority of these related to cases coming to reside in the Rural District. There were two deaths from tuberculosis during 1952.

The following are details of new cases, case rates and mortality from tuberculosis during 1952 :—

Age Group	New Cases		Deaths	
	M	F	M	F
0—1	—	—	—	—
1—5	—	—	—	—
5—15	1	2	—	—
15—45	6	3	—	—
45—65	3	3	1	—
65 and over	1	—	1	—
	Liskeard R.D.	Health Area No. 7	England & Wales	
New Cases	1.46	1.01	Not stated	
All cases	4.53	5.62	Not stated	
Deaths	0.14	0.11	0.24	

At the end of the year there were 53 cases of respiratory and 11 cases of non-respiratory tuberculosis known to be resident in the Rural District.

During the year 23 susceptible contacts of tuberculosis received B.C.G. vaccination and were thereby given some immunity against tuberculosis.

**National Assistance Act, 1948.** No action under Section 47 of this Act was called for during the year.

**Water Supply.** In September 1952, the trunk main from St. Cleer made available to Polruan the first supply of pure filtered water in the history of that small town. We can now trust with reasonable confidence that the annual water crisis which each summer beset the town, causing such irritation to resident and visitor alike, has gone for all time. The amount of water which can be spared from the Liskeard Borough water undertaking at St. Cleer is unfortunately limited to 50,000 gallons per day, and therefore the function of this 20 miles of trunk main must for the present be confined to supplying Polruan and one or two villages on the line of the main. Not until the new intake works on the River Fowey, and the new intake main are completed can any appreciable extension of piped water supplies be undertaken. In the meantime, water supply arrangements in the greater part of the Rural District continue to be unsatisfactory.

**Sewerage and Sewage Disposal.** The new scheme at Seaton was completed and came into use during the year. At St. Cleer progress was made, albeit slowly, on the laying of sewers and the construction

of disposal works, and the scheme should come into operation in the early part of 1953. Further consideration was given to the provision of sewerage in some of the larger villages such as Dobwalls, and Menheniot where there is at present a considerable nuisance from crude untreated sewage.

**Food.** Inspections of premises in which food is handled prepared and served were undertaken when pressure of other duties permitted. Because of pressure of duties and the scattered nature of the Rural District no samples of ice cream were taken for examination during 1952.

**Food Poisoning.** One case was notified during 1952. The case was mild and no source of infection could be discovered.

**Clean Food Campaign.** None was undertaken during the year.

**Factories Act 1937.** The provisions of this Act were administered without difficulty during 1952.

**Housing.** During the year 27 new Council houses were completed and at the end of the year a further 35 were under construction. The provision of an adequate supply of piped water made possible the provision of new Council houses at Dobwalls and Polruan where previously no such schemes could be undertaken. In addition to the new houses shown above, 13 private enterprise dwellings were completed in 1952, and a further 14 were in course of construction at the end of the year. There is some indication of a slackening in the demand for rehousing in the Rural District, but it would be unwise to assume that all the housing needs of the Rural District have been met. There has been a reduction in the demand for licences for private enterprise dwellings. This as the Sanitary Inspector points out is probably mainly due to the almost prohibitive cost of building such houses together with difficulties in finding suitable sites.

**Report of Sanitary Inspector.** The Annual Report of the Sanitary Inspector, Mr. G. Rogers, M.R.S.I., M.S.I.A., which follows gives some idea of the diverse duties which he has undertaken during the year 1952. I have to express my thanks to Mr. Rogers and Mr. Cowling for the assistance they have at all times given me during the year.

## REPORT OF THE SANITARY INSPECTOR.

**Water Supply.** The Supply of water to the inhabitants of Polruan during the Summer months of past years has been a problem involving considerable worry and expense.

By the beginning of September however, the last eight miles of the trunk main had been laid, tested and covered and the system was opened on September 16th, when Mr. McIntyre, Secretary of the Rural District Council's Association operated a valve at Vevery and turned water into the reservoir. This marked a new era at Polruan, for from that moment there was no further need for the severe restrictions which had been imposed almost every year from days long past.

During the Summer of 1952, prior to the completion of the main, it was found possible to provide a much improved supply by pumping springs at Peakswater through the completed portion of main into the Polruan reservoir. This proved highly successful and with the supply from the borehole at Vevery, maintained a sufficient flow to meet all requirements.

On April 12th, 1952, a tender of £2,450 was accepted for the laying of 1,015 yards of 3 inch cast iron and 142 yards of 1½ inch cement asbestos pipes to carry a water supply from Pounds Cross to Brent Field and the Coastguard Cottages. This was intended to serve a number of existing dwelling houses as well as to provide for private house development at Brent Field. It was not possible to commence the work during 1952, however, due to the eight to nine months delay in the pipe delivery but it is expected to be carried out in the first quarter of 1953.

At St. Cleer Village the 3 inch cast iron mains, although known to be badly encrusted, maintained a satisfactory water distribution throughout the year. The Council decided not to have the old mains scraped and re-coated, but to renew them when such a course becomes necessary.

A tapping in the South East Cornwall Joint Water Board main was made at Great Tree, St. Martins, for the purpose of supplying two cottages and the Camping Site.

Another connection was made to the same main at No Mans Land to serve that hamlet.

Both these are temporary schemes but serve the urgent needs which exist there. Ultimately a two days storage will be provided as well as larger mains, but the scheme, together with others, will require the Minister's consent before the work can be carried out.

1. (a) <b>Quality.</b>		Twenty eight samples of water were taken for analysing during the year of which five were in respect of public or semi-public supplies.			
Tremar Coombe	Public Supply	Bacteriological Exam.	Satisfactory	8.1.52	
Menheniot Village	" "	" "	Reasonably	" 5.2.52	
St. Ives Housing Site	Borehole	" "	Satisfactory	13.2.52	
" "	" "	Chemical	" "	13.2.52	
Pensilva Hsg. Site	Borehole	Bacteriological	" "	5.3.52	
" "	" "	Chemical	" "	5.3.52	

## Trelawne Hostel

Pelynt	Spring	Bacteriological	„	„	13.5.52
„	„	Chemical	„	„	13.5.52
Trefrawle, Lanreath	Main Spring	Bacteriological	„	„	1.4.52
„	Higher Spring	„	„	Heavily Contaminated	10.6.52
„	Hydraulic Ram	„	„	Contaminated	10.6.52
„	Pulse Valve	„	„	„	10.6.52
Ethy, Lerryn	Borehole	„	„	Satisfactory	10.6.52
„	„	Chemical	„	„	10.6.52
Sandplace	Public Supply	Bacteriological	„	„	26.8.52
„	„	Chemical	„	„	26.8.52
East Taphouse	„	Bacteriological	„	Reasonably Satisfactory	7.10.52
„	„	Chemical	„	Reasonably „	7.10.52

(b). **Quantity.** There was an adequate supply of water in most parts of the Rural District throughout 1952. At Merrymeet the deep well failed only at the end of the Summer and water haulage was only necessary for a short period. Water had to be taken to Council Houses in the Village of Trewidland to augment the existing well supply.

(c). **Bacteriological Examination.** Samples of water for bacteriological examination were taken at various times throughout the year and details are given in paragraph (1a) of this report.

Water supplied to Polruan through the trunk main from the Liskeard Borough reservoir at St. Cleer is filtered, chlorinated and treated with lime. This is the first time in the history of the Rural District that a public supply of water has been purified in any way.

(b). **Plumbo-Solvency.** Many waters, particularly those from sources near the moors in the northern part of the District are plumbo-solvent and the use of lead service pipe is avoided in such cases. Copper, plastic, iron, bitumen lined and cement-asbestos pipes are usually specified.

(e). **Contamination of Supplies.** Under certain conditions, it can be said that many sources of water in the Rural District are liable to contamination and whilst every effort is made to protect public supplies, it is, in many instances, quite impossible to do so effectively. The supply of filtered and chlorinated water to Polruan is the first step towards ensuring a sufficient supply of wholesome water for the whole of the area and within a few months the supply will be extended to the Villages of Dobwalls and Lanreath as well as to several farm premises between St. Cleer and Lanteglos on the line of the trunk main.

(f). **Farishes with one or more Villages having a piped water supply :—**

Farish	Population of Farish	Population supplied to houses	Population supplied from standpipes
Broad oak	209	40	Nil
St. Cleer	1,485	805	37
Duloe	503	200	Nil

St. Ive	1,184	50	Nil
Lansallos	1,424	1,237	Nil
Lanteglos	1,320	1,100	50
Linkinhorne	1,139	120	120
Liskeard	922	Nil	300
St. Martins	283	140	Nil
Menheniot	1,089	244	20
Morval	530	34	Nil
St. Neot	918	140	100
Pelynt	452	50	Nil
St. Veep	362	25	Nil

**Sewerage.** It was indicated in the 1951 report, that the Sewerage Scheme at Seaton in the Parish of St. Martin, had been completed by the end of that year. During 1952 many private house connections were made to the sewers, some from premises where nuisances were known to exist. No difficulties were experienced in any way.

More progress was made in the St. Cleer Sewerage Scheme during the year and approval was given by the Ministry to carry out the sections to serve Darite and Higher Tremar Coombe. By the end of the year the Scheme was practically complete except for the covering of the sludge drying beds at the treatment works. Sections of concrete members were found to be damaged and faulty and were discarded and this will result in a delay in completion. Without the roofing however, it was expected that the works would be ready for use in January, 1953.

A sewer extension was made at Polperro where 788 yards of 6 inch sewer at a cost of £810 was laid from Talland Hill to Brent Field to serve a private building estate of some 25 sites, some of which were already built upon. The work was completed by October and the sewer was in use shortly afterwards.

Repairs of a minor nature were carried out to several village sewers in order to maintain them in a serviceable condition and at Pelynt the media in the contact bed was replaced by 2½ inch clean broken stone.

Schemes for serving the Villages of Dobwalls, Menheniot, Lanreath, Duloe and Tredinnick were prepared during 1952 and are to be submitted to the Ministry for consideration in due course.

**Public Conveniences.** At Lerryn in the Parish of St. Veep a new Public Convenience was erected during the year at a cost of £633. This provided two ladies cubicles in one section and one cubicle with a urinal in the other. Water was provided from a public supply and the building was drained to a public sewer.

**Meat and other Foods.** There are no licensed or registered slaughter houses in this Rural District and very few emergency slaughterings were carried out in the area during the year.

Inspections were made regularly of other foods and the following were surrendered and destroyed:—

- 211 tins of meats, soups, fruit and fruit juices—blown damaged or leaky.
- 28lb. sugar, contaminated with disinfectant.

Of the tins of food 95 were home produce and 116 imported. Shopkeepers have been urged to take every precaution to avoid contamination of food and with the more general use of refrigerators the standard has been raised.

The display poster requesting customers not to bring dogs into food shops has been well received and has proved effective.

Inspections of cafes, hotels and restaurants in the Rural District have been made from time to time throughout the year and in general they have been well managed. In some cases it was necessary to suggest better methods and more thorough cleansing of utensils and premises and these were readily adopted.

**Ice Cream—Retail Sale.** The standard of cleanliness of premises in which ice cream was sold was high and not a single complaint was received during the whole year. There were 48 registered premises in the District for the sale of this commodity an increase of 10 over the number in 1951.

**Food Poisoning.** There were no cases of food poisoning in the Rural District during 1952.

**Clean Food Campaigns.** It is believed that the press publicity both local and national and the constant reminders to cafe and hotel proprietors of the need for scrupulous cleanliness and personal hygiene of all those handling food is having some result. In all but a very few, it can be reported that conditions are satisfactory. Cases of food poisoning outbreaks are usually reported very fully in the national newspapers and the seriousness of them must impress all food handlers that cleanliness is not only essential to their business but to the health and well-being of every one of their customers.

**Housing.** Quite good progress was made in new house construction during 1952 both by the Council and private developers. In January there were 22 Council houses under construction and in December 35. 27 new Council Houses were completed during that time.

For many years it had been the Council's policy to build houses on a great number of sites in blocks of two or four. Recently this has been changed and sites have been acquired for a greater number of buildings. At Dobwalls a layout for twenty houses was approved and twelve commenced with a further eight to follow immediately. At Pensilva a site capable of accommodating twenty houses was approved, and at Polruan provision was made for the erection of fourteen. At Lerryn the first contract is for 12 and the site is of sufficient size to take a further 12 or even more, whilst at Menheniot the site is sufficient for twenty houses, 12 of which are to be in the first contract. The provision of more adequate supplies of water, improved drainage treatment works and better layouts have thus been made possible.

It must be admitted however, that in spite of there being more houses per contract, the costs have risen rather than decreased.

Of private house construction, 13 were completed during 1952 and a further 14 were being erected.

At Sharplands in the Parish of Linkinhorne a school which had been closed for some time, was acquired and converted into two cottages.

At one period it was not possible to satisfy all demands for licenses to erect private houses but by the end of the year it was seen that there was a

definite reduction in the number of applicants. There were no doubt, many reasons for this but it does seem that the present high cost of house building has a definite bearing on it.

Some success in the improvement of older houses by grants under the Housing Act of 1949 has been attained and by the end of the year four had been completed.

All occupied Council houses have been well maintained during 1952 and in 49, electric wiring contracts were accepted making power available for heating, lighting and cooking.

The inspection of private houses has been continued and in the case of every complaint by owner or occupier, an inspection was carried out, followed by informal and statutory notices if necessary.

Five cottages at Pelynt which were the subject of a clearance order in 1938 were demolished by the owner in preparation for other future development.

Three cottages at Pensilva, the subject of a clearance area in 1946 were demolished and the site purchased by the Council for housing purposes.

**Storage of Petroleum Spirit.** During the early part of the year 40 licences to store petroleum spirit were issued following a detailed inspection of every installation. A few minor defects were traced and these were remedied with very little delay. Most petroleum storage tanks in the District are external ones, that is below ground not within the wall of a building and so the possibility of any danger is small.

**Moveable Dwellings.** The Liskeard Rural District possessing considerable natural beauty, attracts a very great number of visitors particularly during the holiday season. Many of these prefer a camping holiday and facilities are offered in all parts of the area. There were 13 licensed camping sites open in 1952 capable of taking and accommodating over 400 tents or caravans. Regular inspection of these sites have been made and in general they have been well managed and maintained.

**Factories Acts 1937 and 1948.** There were on the register 103 factories, of which 47 were power operated, 41 non power and 15 others. Inspections were made of these from time to time and few complaints were found necessary. Only informal action was necessary to achieve the improvements required.

G. ROGERS,  
Sanitary Inspector.

**APPENDIX I.  
PRINCIPAL CAUSES OF DEATH—ALL AGES—1952.**

Disease	St. Germans R.D.	Liskeard R.D.	Saltash M.B.	Torpoint U.D.	Liskeard M.B.	Looe U.D.	Health Area No. 7
Heart Disease	79	95	38	15	26	26	279
Cancer (all sites)	33	15	15	12	16	11	102
Cerebral Vascular Lesions("stroke")	29	16	20	11	8	2	86
Respiratory Disease	20	13	3	3	5	4	48
Circulatory Disease	16	8	7	3	1	2	37
Genito-Urinary Disease	7	4	8	3	1	—	23
Accidents	7	4	3	2	—	2	18
Digestive Disease	3	3	2	1	—	1	10
Suicide	4	1	—	—	—	1	6
Tuberculosis	1	2	1	—	1	1	6

**APPENDIX II.  
Details of Types of Heart Disease and Cancer causing deaths—1952.**

Type of Disease	St. Germans R.D.	Liskeard R.D.	Saltash M.B.	Torpoint U.D.	Liskeard M.B.	Looe U.D.	Health Area No.7
Coronary Disease							
Angina	26	25	13	7	5	6	82
High Blood Pressure with heart disease	5	8	2	—	2	1	18
Other Heart Disease	48	62	23	8	19	19	179
Cancer of Stomach	5	3	2	2	2	6	20
Cancer of Lung and Windpipe	1	—	1	1	1	1	5
Cancer of Breast	4	1	1	—	3	1	10
Cancer of Womb	3	2	4	3	1	—	13
Various other Cancers	20	9	7	6	9	3	54

**APPENDIX III.  
DEATH BY AGE GROUPS—1922.**

District	0—5 years	5—15 years	15—45 years	45—65 years	65—75 years	75 years upwards	All Ages
St. Germans R.D.	10	2	7	43	61	112	235
Liskeard R.D.	7	—	5	36	42	92	182
Saltash M.B.	5	—	10	24	31	47	117
Torpoint U.D.	2	—	4	16	14	23	59
Liskeard M.B.	3	—	5	12	17	24	61
Looe U.D.	2	—	4	9	16	24	55
Health Area No. 7	29	2	35	140	181	322	709

**APPENDIX IV.  
AVERAGE AGE AT DEATH—1952.**

District	Males	Females
St. Germans R.D.	70.01	66.77
Liskeard R.D.	69.02	66.77
Saltash M.B.	64.38	67.69
Torpoint U.D.	61.59	67.07
Liskeard M.B.	64.45	65.15
Looe U.D.	62.56	74.07
Health Area No. 7.	67.27	68.47

**APPENDIX V.  
Incidence of, and Mortality from Tuberculosis in Health  
Area No. 7—1952.**

Age Group	New Cases		Deaths	
	M	F	M	F
0—1	—	—	—	—
1—5	—	—	—	—
5—15	4	5	—	1
15—45	19	12	1	1
45—65	7	4	1	1
65 and over	3	—	1	—
Totals	33	21	3	3

	Males	Females
Case Rate per 100 of population	0.64	0.39
Mortality Rate per 1000 of population	0.06	0.06

**Case Rates and Mortality Rates per 1000 of population by Sanitary  
Districts in Health Area No. 7—1952.**

	New Cases	Total cases as at 31.12.52	Deaths
St. Germans R.D.	0.72	5.63	0.06
Liskeard R.D.	1.46	4.53	0.14
Saltash M.B.	1.00	5.63	0.13
Torpoint U.D.	1.17	5.57	Nil
Liskeard M.B.	1.40	8.37	0.23
Looe U.D.	0.28	6.72	0.28
Health Area No. 7.	1.01	5.62	0.11

**APPENDIX VI.  
B.C.G. Vaccinations against Tuberculosis—1952.  
AGE GROUP**

	under 1 year	1—5 years	5—10 years	10—15 years	15 years and over
St. Germans R.D.	3	12	12	8	4
Liskeard R.D.	2	5	7	6	3
Saltash M.B.	3	9	3	5	2
Torpoint U.D.	1	4	1	1	—
Liskeard M.B.	3	6	6	1	2
Looe U.D.	1	2	6	1	1
Health Area No. 7.	13	38	35	22	12









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